

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767531

FILED
Feb 12, 2009
Secretary of State

Entity Name: THE BEACH CLUB AT ST. AUGUSTINE BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

2 OCEAN TRACE ROAD
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2313143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT
555 WEST GRANADA BLVD
SUITE A-9
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKE, DONITA
Address: 424 NW 103RD TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: ZINO, JOHN
Address: 718 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: S () Delete
Name: HENDRICKS, ANN
Address: RT 1 BOX 333
City-St-Zip: LAKE BUTLER, FL 32054

Title: T () Delete
Name: ABATE, DONALD
Address: 1811 LAKEHILL CIR
City-St-Zip: ORLANDO, FL 32818

Title: P () Delete
Name: HAMEL, JOHN
Address: 117 MARSH ISLAND CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: MOORE, DONALD
Address: 6243 SW 88TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HENDRICKS, ANN
Address: 10881 NE SR 121
City-St-Zip: LAKE BUTLER, FL 32054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HAMEL, JOHN
Address: 5082 SADDLEBAG LAKE ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAMEL

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date